

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 28 1960

-60-039203

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY <u>Pennsylv</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pennsylv</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Harbit</u>		c. CITY OR TOWN <u>Steele</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Muscard Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Steele, MO</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Marcin Lee Robbins</u>		4. DATE OF DEATH Month Day Year <u>10-13-60</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-12-60</u>
9. AGE (last birthday) Months Days Hours Min. <u>10-12-60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>	
11. BIRTHPLACE (City and state or country) <u>Steele, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Marcin A Robbins</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Mullins</u>	
14. NAME OF HUSBAND OR WIFE <u>Steele, MO</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>10</u>	
16. SOCIAL SECURITY NO. <u>10</u>		17. INFORMANT <u>Marcin A Robbins Steele, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>IT. Stroke due to atherosclerosis of</u> DUE TO (b) <u>arteriosclerosis of the base of brain.</u> DUE TO (c) <u>Dissecting aortic aneurysm.</u> 5 wks. premonitory		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Steele, MO</u>	
20g. COUNTY <u>Steele</u>		20h. STATE <u>MO</u>	
21. I attended the deceased from <u>10-13-60</u> to <u>10-13-60</u> and last saw her alive on <u>10-13-60</u> Death occurred at <u>2:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robbins</u>		22b. ADDRESS <u>Steele, MO</u>	
22c. DATE SIGNED <u>10-17-60</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>10-14-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Steele</u>	
23d. LOCATION (City, town, or county) <u>Steele, MO</u>		23e. STATE <u>MO</u>	
24. FUNERAL DIRECTOR <u>Herman Funeral Home Steele, MO</u>		25. DATE RECD. BY LOCAL REG. <u>10-25-60</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>		27. ADDRESS <u>Steele, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.